

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CEDAR HILL (310332)

Address: N1366 HWY 12, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 03/01/1995

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0093004 **End Date:** 07/07/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10010648 Served 07/29/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.21(4)(i)1	CONFIDENTIALITY		
83.33(2)(c)	LEISURE TIME ACTIVITIES		
83.42(2)(c)	EVACUATION TIME 4 MINUTES OR MORE		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(7)(a)	SPRINKLER SYSTEMS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 07/29/2004 SOD #10010648 Appealed: No

Sanctions

FORFEITURE---13.05(3)(a)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.43(7)(a)

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Complaint History

Date Complaint Received: 06/18/2004

Date Investigation Completed: 07/28/2004

Subject Area(s)

ABUSE

Result

SUBSTANTIATED

SOD #

10010648

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